Medical Services • Obstetrics

October 2006 • Bulletin 387

Contents

Medi-Cal Training Seminars

2006 CPT-4/HCPCS Codes Reminder

Effective November 1, 2006, Medi-Cal will adopt the 2006 CPT-4 and HCPCS Level II codes. Claims billed for dates of service on or after November 1, 2006 must use the appropriate 2006 codes.

Codes to be added, modified or deleted were listed in the July 2006 *Medi-Cal Update*. Policy for new benefits was announced in the September 2006 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

Reminder: Genetic Testing and Counseling Code Conversion

Effective for dates of service on or after November 1, 2006, six Medi-Cal interim billing codes for genetic testing and counseling services will be end-dated and converted to HCPCS Level II codes. The code conversions were announced in the September 2006 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

Updated information is reflected on the following manual replacement pages: remit cd600 11 (Part 1), remit elect corr600 10 (Part 1), cal child ser 1 (Part 2), gene 1 thru 5 (Part 2), gene ex 2 and 3 (Part 2), hcpcs ii 2 (Part 2), modif 2 (Part 2), non ph 11 (Part 2), once 1 (Part 2), path an over 3 (Part 2), presum 19 (Part 2), rates max 3 and 7 (Part 2) and rates max lab 8 (Part 2).

California Children's Services (CCS) Updates

Drugs Requiring Separate Authorization

Injectable drug sermorelin acetate (HCPCS code Q0515) has been added to the table of Drugs Requiring Separate Authorization, effective for dates of service on or after November 1, 2006.

Service Code Groupings (SCGs)

Effective for dates of service on or after November 1, 2006, updates will be made to California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03, 04 and 05.

HCPCS code X7038 has been end-dated retroactively for dates of service on or after July 1, 2006.

In addition, CPT-4 codes 78990, 79900, 88182, 88367 – 88368, 91034 – 91035, 91037 – 91038 and 91040 have been added retroactively for dates of service on or after November 1, 2005.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child sar 6 (Part 2) and cal child ser 1 thru 3, 5, 7 thru 17 and 22 (Part 2).

Reimbursement Clarification for Synagis

Reimbursement criteria have been updated for Synagis, CPT-4 code 90378 (Respiratory Syncytial Virus [RSV] Immune Globulin, intramuscular). In order for providers to be reimbursed properly, recipients must meet one of the following conditions:

- Infants born at less than 29 weeks of gestation and are younger than 12 months of age at the start of the RSV season

- Infants born between 29 and 32 weeks of gestation and are younger than 6 months of age at the start of the RSV season

- Children under 2 years of age with chronic lung disease of prematurity requiring medical treatment (for example, receiving supplemental oxygen, bronchodilators, diuretics or corticosteroids in the previous six months)

- Children with severe immune deficiency

- Infants younger than 2 years of age who have been diagnosed with hemodynamically significant congenital cyanotic or acyanotic heart disease

- Infants born between 32 and 35 weeks of gestation whose physicians document other factors making a child high risk (for example, young children in the home who attend daycare) and children with potential high-risk conditions (for example, an infant with a neuromuscular disorder and respiratory compromise, or child 2 years of age or older receiving immunosuppressive drugs post-transplant). Such situations will be reviewed on a case-by-case basis for authorization of treatment.

This information is reflected on manual replacement page <u>inject 9</u> (Part 2).

Synagis (Palivizumab) Billing Update

Effective for dates of service on or after September 1, 2006, providers may no longer bill for Synagis (palivizumab) using local codes X7441 (Synagis 50 mg) and X7439 (Synagis 100 mg).

In accordance with the provisions of *Business and Professions Code* (B&P Code), Section 4051, Pharmacy providers who purchase and then dispense Synagis directly to a physician's office or medical clinic for administration in the medical office or clinic setting, or to a Home Health Agency (HHA) for an approved in-home visit, which may include, but not be limited to, Synagis administration, may bill Medi-Cal through the CAL-POS online system, Computer Media Claims (CMC) or paper claims using the drug's National Drug Code (NDC). The physician's office or clinic will continue to bill Medi-Cal separately for the cost of administration of Synagis. The reimbursement for the cost of Synagis administration is included in an HHA visit, so it should not be billed separately.

All claims require an approved *Treatment Authorization Request* (TAR).

- Physicians who purchase Synagis directly for administration may continue to bill with CPT-4 code 90378 (Synagis 50 mg). The administration fee is included in the reimbursement for the drug.

- Providers who meet the criteria for billing Synagis using the drug's NDC must submit TARs to either the Southern Medi-Cal Pharmacy Office by fax at 1-800-869-4325, or the Northern Medi-Cal Pharmacy Office by fax at 1-800-829-4325, as determined by the provider's geographic location.

- Physician providers billing for Synagis with CPT-4 code 90378 must continue to submit TARs to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.

Policy Clarification for CPT-4 87800 Laboratory Test

The Office of Family Planning is clarifying Family PACT (Planning, Access, Care and Treatment) Program policy for the use of CPT-4 code 87800 (infectious agent detection by nucleic acid [DNA or RNA], multiple organisms; direct probe technique).

This screening test is to be used only for detecting Chlamydia trachomatis and Neisseria gonorrhoeae. While laboratories have the ability to detect additional organisms, such as those associated with bacterial vaginosis, vaginal candidiasis and vaginal trichomoniasis, code 87800 is not reimbursable to screen for those or other organisms.

For a list of laboratory tests offered by Family PACT, please refer to the "Family PACT Program 2006 Provisional Clinical Services Benefits Grid" in the "Family PACT Clinical Services and Pharmacy Benefit Update" article, published in the June 2006 *Medi-Cal Update*.

Provider Orientation and Update Sessions

Medi-Cal providers seeking enrollment in the Family PACT (Planning, Access, Care and Treatment) Program are required to attend a Provider Orientation and Update Session. The dates for upcoming sessions are listed below.

Individual and group providers wishing to enroll must send a physician-owner to the session. Clinics wishing to enroll must send the medical director or clinician responsible for oversight of medical services rendered in connection with the Medi-Cal provider number.

Office staff members, such as clinic managers, billing supervisors and patient eligibility enrollment supervisors, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Please note the upcoming Provider Orientation and Update Sessions below.

Redding	*Palm Springs*
October 27, 2006 **8:30 am – 4:30 pm**	**December 11, 2006** **8:30 am – 4:30 pm**
Redding Convention Center 700 Auditorium Drive Redding, CA 96001 (530) 225-4133	SPA Resort in Palm Springs 100 N. Indian Canyon Drive Palm Springs, CA 92262 (760) 883-1000
Fresno	*San Bernardino*
February 22, 2007 **8:30 am – 4:30 pm**	**April 12, 2007** **8:30 am – 4:30 pm**
Picadilly Inn – West Shaw Hotel 2305 West Shaw Ave. Fresno, CA 93711 (559) 226-3850	Clarion Hotel & Convention Center 295 North E Street San Bernardino, CA 92401 (909) 381-6181

For a map and directions for these locations, go to the Family PACT Web site (**www.familypact.org**) and click "Providers" at the top of the home page, then "Provider Training," and finally, click the appropriate location. In the "Provider Orientation & Update Session" document, click the "For directions: click here" link.

Provider Orientation *(continued)*

Registration

To register for an orientation and update session, go to the Family PACT Web site (**www.familypact.org**) and click "Providers" at the top of the home page, then "Provider Training," and finally, click the "Registration" link next to the appropriate date and location and print a copy of the registration form.

Fill out the form and fax it to the Office of Family Planning, Attn: Darleen Kinner, at (916) 650-0468. If you do not have Internet access, you may request the registration form by calling 1-877-FAMPACT (1-877-326-7228).

Providers must supply the following when registering:

- Name of the Medi-Cal provider or facility
- Medi-Cal provider number
- Contact telephone number
- Anticipated number of people attending

Check-In

Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. At the session, providers must present the following:

- Medi-Cal provider number
- Medical license number
- Photo identification

Note: Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not an individual provider number or license number.

Certificate of Attendance

Upon completion of the orientation session, each prospective new Family PACT medical provider is mailed a *Certificate of Attendance*. Providers should include the original copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services. Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers do not receive a certificate.

Contact Information

For more information about the Family PACT Program, please call 1-877-FAMPACT (1-877-326-7228) or visit the Family PACT Web site at **www.familypact.org**.

The Family PACT Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.

Updated Contact Information for Laboratory Field Services

The California Department of Health Services (CDHS) Laboratory Field Services contact information has been updated.

California Department of Health Services
Laboratory Field Services
850 Marina Bay Parkway
Bldg. P, 1st Floor
Richmond, CA 94804-6403
(510) 620-3800

The updated information is reflected on manual replacement pages path an over 7 (Part 2) and radi 2 (Part 2). This information has also been updated on manual page prov guide 3 (Part 1).

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs.*

Addition, effective October 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>
APREPITANT	
* + Capsules	80 mg
	125 mg
* + Capsules, tri-fold pack	1 x 125 mg
	2 x 80 mg
* Restricted to use in cancer patients and to a maximum of either 1) one tri-fold pack per dispensing, or 2) one 125 mg capsule and/or two 80 mg capsules per dispensing.	

Changes, effective October 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	
* CEFDINIR		
Liquid	125 mg/5cc	60 cc
		100 cc
	250 mg/5cc	**60 cc**
		100 cc
* Restricted to use for individuals less than 8 years of age.		
(NDC labeler code 00074 [Abbott Laboratories Inc.] only.)		
OXYBUTYNIN CHLORIDE		
+ Tablets	5 mg	
+ Tablets, extended release	5 mg	
	10 mg	
	15 mg	
(NDC labeler code 17314 [ALZA CORPORATION] extended release tablets only.)		
* RITUXIMAB		
Injection	10 mg/cc	
* **Restricted to use in treatment of cancer.**		

+ Frequency of billing requirement

Obstetrics Bulletin 387

Remove and replace:	abort 5/6 *
	anest 5/6 *, 15/16 *
	cal child sar 5/6
	cal child ser 1 thru 18, 21/22
	cif co 1/2 *
	eval 3 thru 6 *
	fam planning 7 thru 10 *
	gene 1 thru 6
	gene ex 1 thru 3
Remove:	hcpcs ii 1/2
Insert:	hcpcs ii 1 thru 5
Remove and replace:	hcpcs iii 1/2 *
	hyst 3/4 *
Remove and replace:	inject 1 thru 10, 13 thru 22, 29 thru 34, 39/40
Remove:	inject 53 thru 57
Insert:	inject 53 thru 58
Remove and replace after the *Injections* section:	*Recombinant Human Erythropoietin (RhuEPO) Documentation Requirements* form *
Remove and replace:	inject list 1 thru 19 *
	medi non cpt 1 *
	medi non hcp 1/2 *
	modif 1/2
	modif app 5/6 *
	modif used 3/4, 9/10 *
	non ph 5/6, 11/12
	once 1/2
	oth hlth cpt 1/2 *
	path an over 3/4, 7
	path bil 5 thru 9 *
Remove:	path immun 1 thru 3
Insert:	path immun 1/2 *
Remove and replace:	path molec 1 *
	presum 17 thru 20
	radi 1/2, 5/6
	radi dia 19/20 *
Insert:	radi dia 27 *

---

* Pages updated due to ongoing provider manual revisions.

Remove and replace: radi onc 1/2 *
                                   rates max 3 thru 8
                                   rates max lab 1 thru 8
                                   supp drug 1/2 *
                                   surg bil mod 7/8 *
                                   tar and non cd1 3/4 *
                                   tar and non cd2 7/8 *
                                   tar and non cd3 1/2 *, 5 thru 8 *
                                   tar and non cd4 3 thru 7 *
                                   tar and non cd5 1 thru 6 *
                                   tar and non cd6 3 thru 8 *
                                   tar and non cd7 1 thru 3 *
                                   tar and non cd9 1/2 *, 5/6 *

* Pages updated due to ongoing provider manual revisions.